



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Providence Living

Comox, BC

On-site survey dates: September 11, 2022 - September 14, 2022

Report issued: October 4, 2022

About the Accreditation Report

Providence Living (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in September 2022. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

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Executive Summary

Providence Living (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Providence Living's accreditation decision is:

Accredited with Commendation (Report)

The organization has surpassed the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: September 11, 2022 to September 14, 2022**

- **Location**

The following location was assessed during the on-site survey.

1. Providence Living, The Views

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Leadership Standards for Small, Community-Based Organizations
4. Medication Management for Community-Based Organizations (For Surveys in 2021)

Service Excellence Standards

5. Long-Term Care Services - Service Excellence Standards









- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool
3. Governance Functioning Tool (2016)

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	21	0	0	21
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	153	4	9	166
 Worklife (Take care of those who take care of me)	46	4	0	50
 Client-centred Services (Partner with me and my family in our care)	72	0	3	75
 Continuity (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	202	7	15	224
 Efficiency (Make the best use of resources)	19	1	0	20
Total	531	16	27	574

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	45 (100.0%)	0 (0.0%)	5	35 (97.2%)	1 (2.8%)	0	80 (98.8%)	1 (1.2%)	5
Leadership Standards for Small, Community-Based Organizations	36 (97.3%)	1 (2.7%)	3	68 (97.1%)	2 (2.9%)	0	104 (97.2%)	3 (2.8%)	3
Infection Prevention and Control Standards for Community-Based Organizations	27 (96.4%)	1 (3.6%)	6	45 (100.0%)	0 (0.0%)	2	72 (98.6%)	1 (1.4%)	8
Medication Management for Community-Based Organizations (For Surveys in 2021)	68 (97.1%)	2 (2.9%)	3	37 (100.0%)	0 (0.0%)	7	105 (98.1%)	2 (1.9%)	10
Long-Term Care Services	52 (92.9%)	4 (7.1%)	0	95 (96.0%)	4 (4.0%)	0	147 (94.8%)	8 (5.2%)	0
Total	228 (96.6%)	8 (3.4%)	17	280 (97.6%)	7 (2.4%)	9	508 (97.1%)	15 (2.9%)	26

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
The “Do Not Use” list of abbreviations (Medication Management for Community-Based Organizations (For Surveys in 2021))	Unmet	3 of 3	2 of 3
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The Views at St. Joseph's is located in Comox, BC and is a part of Providence Living that provides long term care services. They have 156 residents, 145 full-time equivalent staff, and numerous volunteers of all ages. It transitioned from a care facility affiliated with a hospital to a standalone residential care site. They are underway with their planning for a new building to be completed in 2024, referred to as the Comox Redevelopment Project. It will have space for 156 residents and continue to include respite care and an Adult Day program. It will also include a childcare centre embedded in the new home that demonstrates innovation and future vision.

The organization will be responsible for two additional facilities under Providence Living in December 2022. These will include the Central City Lodge and Cooper Place.

The new name for The Views going forward in 2024 will be Providence Living Place: "Together by the Sea." The organization was last accredited in 2018. The Family Survey Functional Assessment, the Governance Instrument, the Safety Culture survey, and the Workplace Culture Instrument have all been completed with action plans in place. There is a Workplace Culture Committee working on the feedback from staff. The board of directors is a group of knowledgeable and dedicated community members with experience in this population and an awareness of their community. Annual planning helps energize and strengthen the vision of future care models at The Views. The board members have a clear understanding of their roles and responsibilities and the day-to-day operations that are entrusted to them and the senior leadership team. They place a high value on community engagement as they plan for the future and evaluate their contributions on a regular basis.

The board, senior leadership, and many staff members have been trained on the EDEN philosophy. They have embraced the philosophy by adding animals to the environment, enhancing intergenerational programs, an arts program, music therapy, youth volunteers, and the Grandbuddy Program involving elementary students. These opportunities enable time being spent that is meaningful and purposeful, and places decision making into the hands of the residents and their families.

The organization is piloting a new model of care: Home is Us. This will embrace intergenerational concepts. The board and the leadership team strive to be innovative and provide new and different services for residents.

The home has many partnerships and a wealth of volunteers, including youth volunteers. This approach enhances the lives of residents while expanding the experiences for the youth. The volunteers used to equal the staff in numbers. Many programs would not exist without the dedicated team of adult and youth volunteers. Since COVID-19, the staff are working to get the volunteer program back to where it was prior to the pandemic.

Their community partners reflect on the positive relationships that have been established and maintained. They provided examples of collaboration and partnerships that have evolved over time. The North Island College, St. Paul's Foundation, Comox Valley Foundation, Providence Healthcare, and the Auxiliary Society of Comox are all examples of their community partners that speak positively of the staff and leaders at The Views. They shared that the staff and leaders are very passionate, committed, and proud of the work they do for their residents.

The residents and families appreciate the high quality of care they receive and embrace new programs. Resident safety is a priority across the organization and many initiatives are in place, including falls prevention, emergency preparedness, fire drills, prevention of workplace violence, and infection prevention and control. They have a user-friendly pandemic plan that was widely used during the challenges and risk posed by COVID-19.

Staff who provide resident care and service delivery are commended for the initiatives they have implemented to improve and strengthen quality and safety.

It was noted that The Views has a highly active Resident Council that speaks to the commitment they have to support the home.

The Family Council actively works to support both the leadership team and the residents that they serve. All who participated in the resident and family focus group spoke passionately regarding wanting and receiving the level of care required. They reiterated that staff made them feel very welcome and thought of them as part of their extended family. Residents and families spoke openly about how they feel that staff genuinely care for them and that the resident and family are at the center of everything the organization does. The presence of the leadership team in and around the home is appreciated, and both residents and family members feel this supports open and honest discussions; they feel that they are listened to and heard. Residents and family members voiced that COVID-19 restrictions, and the additional workload associated with these restrictions had taken a toll on the staff. They also shared that they were excited for the reconstruction taking place.

There is an ethical framework for decision making that requires ongoing education and training for staff. Incidents are reviewed quarterly and those that occur more frequently, like falls and medication incidents, have plans in place for improvements and prevention.

There are several opportunities for communication and information, including newsletters for staff and residents, Resident Council meetings, staff huddles, town halls with senior leaders, emails, inclusive orientation for staff, and a Residents and Family Handbook.

There is a Communication Plan in place for 2021-2024. The organization is working on a new and improved website.

Some policies and procedures are up to date while others are being worked or have a plan of action in place to address. All policies and procedures are encouraged to be reviewed and dated.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
<p>The Do Not Use List of abbreviations The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.</p>	<ul style="list-style-type: none"> · Medication Management for Community-Based Organizations (For Surveys in 2021) 1.5

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:



High priority criterion



Required Organizational Practice

MAJOR

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
7.8 The governing body has a succession plan for the CEO.	

Surveyor comments on the priority process(es)

The board of directors is knowledgeable, very committed, and passionate about the mission, vision, and values of the organization. They work closely with Providence Healthcare, the Foundations, Indigenous groups, leaders, staff, residents, families, and the communities they provide services to.

The application and interview process to become a board member is very robust and those new board members felt that it demonstrated attention to having people on the board whose beliefs aligned with the mission, vision, and values of the organization.

The board has a good orientation process and is provided ongoing education and development. The board members are diverse, and competency-based.

The board empowers the Chief Executive Officer (CEO) and leadership team to be accountable for operations and they focus on quality, safety, diversity, and inclusion while planning for improved and expanded services for the residents.

The board has many things to be proud of, especially the leadership team and the staff, and how they continued to provide quality services while working through the pandemic.

Other things the board are proud of include their people, the Indigenous working circle, their input into the new Comox Redevelopment project, their input into the rest of the property and how it will be developed, the organization’s ability to deliver something different in seniors care, and the change and direction in their model of care. The board is pleased with the results of the organization’s recruitment and retention efforts, their relationships with the Catholic Church, government, and their collaboration with others, like Providence Healthcare.

They are also proud that there has been input from the stakeholders in the Comox redevelopment project, including the residents and families, the communities, the staff, Indigenous groups and the Elders, health partners, foundations, and the government.

The board focuses on staff and resident safety and spoke to some of the quality initiatives underway. They get regular updates from the CEO and directors on quality, risk and safety issues, and financial reports.

The board is encouraged to formalize the succession plan for the CEO as well as other senior positions to ensure ongoing supportive leadership.

The board is challenged to ensure that they can deliver on the expectations for the redevelopment project; that they can maintain the positive results from recruitment and retention efforts, and that can address any future challenges that could arise from not providing Medical Assistance in Dying (MAiD) onsite.

Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has updated and implemented their mission, vision, and values. The board is aware of their involvement and their role in ensuring the values of the organization are maintained as they move forward and grow.

The Views is a faith-based organization and reflects the teachings of the Catholic Church.

The Comox Redevelopment Project consists of a new build that is to be completed in 2024. The community, foundations, staff, and various populations were included in the planning. There is a childcare centre included in the project to support an intergenerational approach, as well as meeting a need in the community.

The Views is encouraged to ensure all policies and procedures are in place and reviewed as per their policies, with a date added upon review. This was not consistent in all areas.

The home is also encouraged to formalize a process to seek input from residents and families across all areas on a more regular basis. This supports and strengthens resident centred care.

The operational plans are aligned with the strategic plan, are monitored for progress, and ensure timelines are met.

All service areas are encouraged to develop goals and objectives that align with the operational plans, to ensure the progression of work.

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The home's provisional budgeting process begins in November, with a final budget produced to align with their budget cycle (April 1- March 31).

The managers have input into their budgets and monthly accounting reviews are completed by the managers, as well.

Island Health dictates the budget allocation for their 156 beds and 85% of the budget covers the staff salaries, overtime, and sick time with only 15% remaining to cover for other operational costs.

The Executive Director of Operations has the ability to move resources to improve operations, such as the introduction of the over-hire lines to address staffing issues.

There is an external auditing process in place through KPMG International.

The goal for The Views is a 100% occupancy rate, and they are at 95.53% for April 1, 2021, to March 31, 2022.


There are policies and procedures in place for resource management that are up to date.

The organization's financial processes meet the legal requirements for managing financial resources and reporting. Regular reports are provided to the leadership team and to the board of directors.

The Director for Finance is very knowledgeable and has extensive experience with the organization.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
2.4 A policy regarding reporting, investigating, and resolving behavior that contravenes the code of conduct is developed and implemented.	
2.5 Strategies are developed to help team members to manage their health.	
2.9 Team members' fatigue and stress levels are monitored and work is done to reduce safety risks associated with fatigue and stress.	

Surveyor comments on the priority process(es)

The Views has 145 full-time equivalents or lines which are made up of approximately 370-400 actual staff. The home has improved their clinical lines considerably by over-hiring to ensure adequate staff is available. The organization attends job fairs, and post positions on LinkedIn and Indeed as a way to recruit staff.

The Views has invested in the Health Care Aide program (HCAP). This is funded by the government, and staff who train at the facility then come back to the home to work. They have hired 8 staff through this program and have about 10 more staff in training.

There is a drafted human resources plan that is to be completed and presented for approval.

The Views has a Workforce Optimization Committee in place.

Due to COVID-19, staff could not work at more than one site for a long period of time. Presently, the staff at The Views can now work at the hospital.

There is an orientation process in place as well as onboarding. The onboarding includes criminal record checks, MSIP, courses on Indigenous history, respect in the workplace, falls prevention, diversity, and incident reporting. Education is provided through the Learning Hub and staff are provided pay for 8 hours following this education.

The organization is actively updating its Code of Conduct, as there is not a recent policy regarding this topic. The organization stated that a follow up would occur following a complaint or incident, and surveyors saw evidence of that on file. The Views has policy regarding Respect in the Workplace that is widely understood.

It was noted that many of the human resources (HR) policies are outdated; The Views is strongly encouraged to review and modify these policies as needed. Surveyors were assured that this is underway. Some of the strategies in place to support staff to manage their own health include sit-to-stand desks, bike-to-work days, celebration of service areas (e.g., housekeeping), and wellness perks.

Personnel files are paper based with some electronic components. The organization is hoping to transition to HRIS (Human Resources Information system) which is electronic. Their goal is to roll this out in spring 2023.

Performance evaluations are currently at 70 % completion. Non-contracted positions are to have performance reviews completed annually, while unionized staff have evaluations completed every 2 years. The Views is committed to continuing to work towards a completion rate of 100%. The organization has a Joint Occupational Health and Safety Committee in place to guide facility safety and to provide education. Work Safe BC influences the safety courses that are offered. Staff fatigue and stress levels are monitored albeit informally. The organization would benefit from formalizing this. There is a Fatigue Policy being worked on. There is an Enhanced Disability Management Program in place for staff who are away from their work for more than 5 days. The Employee and Family Assistance Program is in place for staff and is well used. There is an immunization policy in place for staff. The goal for the influenza vaccine uptake is 60%, and 100% of their staff have had 2 vaccines for COVID-19. With the new model of care being implemented, the home would like to hire multi-skilled workers; this will require approval before being introduced. All staff have job descriptions or profiles that are updated. The HR team has done a great deal of good work and are committed to continuing to make improvements through the review and updating of policies and procedures, and further completion of performance reviews.

Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The home has a quality improvement plan, and their quality indicators are posted on the quality boards and communicated through newsletters and at meetings and huddles.

The staff are knowledgeable about quality improvement and the importance of measuring their indicators.

Many of The Views' goals, like providing a healthy and safe work environment, is embedded within their strategic priorities.

There is a new quality committee that includes a family member, frontline staff, and a physician. The Resident Council has residents who also focus on quality improvement initiatives. Their input is often sought around quality.

There are quarterly quality reports to the board of directors and to the Providence Health committee. Staff involved in quality initiatives are provided with a special gift to acknowledge their work. One example of a quality initiative is the "Home for Us," the social relational mode of care that is being implemented.

All contracts are centrally managed, and they include the hairdresser and the dietician.

There are rights and responsibilities in place for residents and they are respected and widely understood.

The organization promotes a 'No shame, No blame' culture.

All leaders have completed the training on the home's disclosure policy and are presently completing education on root-cause analysis.

The Views is working to apply the Quality Maturity Matrix to support future planning.

From a clinical perspective, falls prevention and pressure ulcer management reporting flows through the Quality Improvement Committee. As these are areas of risk to the residents and may not get the attention they require when included in a larger meeting, it is recommended that these become sub-committees, with review and analysis completed at that sub-committee level. Follow up reporting can go through the Quality Improvement Committee.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Views is commended for its comprehensive ethics program. The ethical decision-making framework is user friendly and outlines a clear and concise process.

The Ethics Committee has been reinstated recently and provides consultation and assists with ethical issues. There is a family member on the committee as well as an ethicist.

Education on ethics has been provided to staff, residents, and families on how to access and use the service. To enhance education, the organization also offers ethics lunch and learns for staff.

The Family Council has reviewed the ethical decision-making framework and made modifications to ensure it aligns with their values.

The ethical framework is mostly used for clinical-based ethical dilemmas, while the board uses an organizational ethical framework.

Both the board and the Home have access to an ethicist at Providence Healthcare.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The home has implemented a plan to enhance communication. The communication plan is ever evolving and is separated into phases to align with the Comox Redevelopment project. The Views is developing a new website to be rolled out in October 2022. They are encouraged to ensure it is kept updated and active. There is a robust employee portal and open lines of communication with the Auxiliary Society for Comox Valley Healthcare, and the St. Paul’s Foundation and Comox Valley Healthcare Foundation. The organization participated in one-on-one meetings with the town of Comox, and round table discussions with First Nations and their elders. A long house is planned for the Comox Redevelopment. The Views has tenants onsite, such as the North Island College, whom they keep updated on the progress of the Comox Redevelopment project. This was validated through our discussions with the college staff. The home accesses a local newspaper for media relations, use social media, and have an active LinkedIn following. They also use Indeed and LinkedIn to post job positions. There is enhanced communication with staff through staff meetings, emails, texts, huddles, bulletin boards, shift change meetings, and town halls with the leadership team. The organization provides newsletters for the residents and their families. Posters and brochures are also used to share information. There were concerns raised regarding communication through the Workplace Culture survey put out by the Workplace Culture Committee made of staff and leadership. The noted improvements in communication are appreciated by the staff. The Views is commended for the initiatives they use to ensure timely communication.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Views is well maintained with numerous improvements that support a home-like environment. The home offers ocean views and there is good natural light throughout the facility. There is adequate space to ensure openness and social distancing.

At The Views, all rooms have ceiling lifts to enhance the quality of resident care and support safety. There are several meeting rooms and family visiting spaces as well as a gift shop, chapel, art studio, music center, and a hair salon.

Indoor and outdoor spaces embody the EDEN approach. The outdoor spaces are lovely with beautiful flowers and are structured so residents in wheelchairs can see the beautiful views through plexiglass. There is a recycling program in place as well as an innovative clean food waste technology system, ORCA, for composting.

The home is replacing their gas-operated bus with an electric bus as part of the British Columbia carbon neutral program. This is an example of their innovation and efficiency.

There are two on-site generators to provide power without any interruption in care and service. These generators are tested monthly.

The Views can be proud of its home-like atmosphere, and the warm and friendly feel that permeates throughout. They also place a high priority on resident and staff safety. Fire safety and fire inspections are completed regularly.

The Comox Redevelopment Project coordinates a new well-designed facility for 156 residents, which will also contain a childcare center.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Views' pandemic plan and policies have helped guide and support their operations. This plan was created because of the current climate of COVID-19 and the ensuing flu season. As new directives and guidelines have been made available by the Vancouver Island Health Authority (VIHA) and Public Health, a review is completed, changes are made to policies and practices as appropriate, and a communication of these changes are made available within the home.

Emergency preparedness policies and procedures are consistent with applicable legislation. The home conducts the three required fire drills per month and completes a review of each once it is concluded to evaluate how it went as well as determine if any corrective measures are required to address any areas of concern. The Views uses the universal code system and tests those throughout the year to ensure that staff are able to address these situations should they arise.

The Views reports that it has a good working relationship with the local fire department. They conduct unannounced visits to review the home's fire safety measures, and any areas identified are corrected by the home. The home completes all drills as required and completes a debrief afterwards to review performance. Sprinklers have been installed in all key areas of the home. They are actively planning for the Code Green "Break Out" test that is conducted every October. In preparation for this, the emergency phone fan out list has been updated but not yet tested.

The home has partnerships with two local churches to house residents, should they need to evacuate. Grab and Go Evacuation kits are readily available should the home be required to vacate the premises. Evacsleds are also in use should residents need to be evacuated and they are non-ambulatory. The home reports they are trialing an updated product to support safe resident transport in emergent situations. The home recently conducted onsite fire extinguisher training for staff.

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The main priority for The Views is to ensure it is a home for its residents, despite being a complex residential care facility with a dementia care unit. Their approach to care ensures that everything they do is both clinically and administratively based on the residents' needs and preferences. They believe in providing a home that belongs to their residents and are making a change in the philosophy of care to support an enhanced person-centred care philosophy that influences everything they do.

The Views has made progress towards shared decision-making, promoting resident choices, and building in flexibility in day-to-day living. They believe in supporting their residents' right to self-determination and independence and have included them in planning for the new site.

With the use of a primary care model, they strive to assign the same group of staff to residents. This consistency helps decrease anxiety and confusion and encourages their residents and families to build relationships. This also allows staff to learn about the residents and provide each person with personalized care. Residents and families have great respect for those who support them in their daily life at the home.

Residents and families are encouraged to participate in the decisions regarding their care, and their decisions are respected. Resident and Family Councils are actively engaged but there is still work to be done. If the home approaches every decision point with the thought of how to include, seek input and feedback from residents and families then they will be highly successful in meeting this expectation.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization's leaders and staff identify and address barriers that prevent residents from accessing services. An example of this is when a new resident is to be admitted to the facility but requires a family doctor. Leadership approaches doctors in the area to take on these patients so they can acquire the appropriate level of care.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Unmet Criteria	High Priority Criteria
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations	
10.9 When cleaning, disinfection, or sterilization of reusable medical devices and equipment is contracted to external providers, the organization regularly monitors the quality of the services provided.	!
Surveyor comments on the priority process(es)	

The Views serves vulnerable residents who continue to require access to medical equipment in the provision of safe and effective care practices. The leadership team, along with staff (including Allied Health), have a process for selecting equipment. There is consideration given wherever possible for standardization of equipment to be purchased; this considers usability, pricing, and service agreements. The process for the purchase of medical equipment is in place but residents and families are not usually involved. The home is encouraged to develop a process that ensures that they are seeking input and feedback from residents and families whenever possible.

Staff members confirmed that they receive education on the safe use of all equipment. The home uses its own internal policies and procedures for equipment cleaning and disinfection purposes. The policy in place from Island Health is extremely outdated and as such, may not be totally accurate. To address this, the home has adopted the Spalding Classification system for medical devices that require cleaning and disinfection. It would be of benefit to have disinfectant wipes and holders attached to medical equipment, such as lifts, to assist staff with completion of this task. Equipment cleaning is completed with appropriate signoffs using the Green Clean Tag or on unit sheets.

Slings are checked daily prior to use to ensure they are in good working order and replaced when they are noted to be in disrepair.

The Views has a preventative maintenance program that identifies daily, weekly, and monthly checks on different equipment, and functions throughout the building. The maintenance staff reports that this system does work for them. The online systems support staff accountability to identify maintenance when attention is needed.

The home assigns resident specific items cleaning duties to RCA's and when that is completed, it is signed off. The Views makes use of the single-use resident care items.

There is no sterilization completed onsite. It is noted that the Dental Hygienist and the Foot Care provider do sterilize their own equipment and the organization has a copy of their sterilization process. However, the home does not monitor the quality of the sterilized devices when they are brought in. The organization is encouraged to create an audit that allows them to ensure that medical devices have been sterilized correctly prior to being used by them for resident care activities.

Calibration of medical equipment has been completed for medical equipment that requires it.

Maintenance staff do what they can and when it is beyond their scope, the home seeks out the supplier

or Biomedical assistance as additional support.

Load lift testing is completed annually with the representative who is the medical equipment provider.

The View indicates that they were able to recently purchase a number of new lifts and staff report that they have the equipment they need at hand to complete their tasks safely.

Water temperature monitoring is completed as per policy.

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Medication Management for Community-Based Organizations

- Using interdisciplinary teams to manage the provision of medication to clients

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control for Community-Based Organizations

Infection prevention and control (IPAC) practices are a focus at the Views. The home continuously educates residents and families around IPAC and have a dedicated IPAC Lead. The IPAC team has been meeting as part of The Views' Quality Committee. They report that to date, they have successfully navigated the pandemic with few deaths, and the home is now in preparation for the upcoming flu season. The team itself consists of the IPAC Lead, Support Service Manager, and a licenced practical nurse (LPN). As IPAC practices are an important safety measure for the home, it is recommended that the IPAC team increases their membership at a sub-committee level to include representation from all areas to ensure that robust discussions occur. It will also support dissemination of information to the rest of the home. Once the meeting has concluded, reporting to the Quality Committee would then be completed. The team is encouraged to start taking minutes during its meetings and share broadly with the staff. IPAC surveillance takes place on a monthly basis at the unit level. Infection rates are tracked and reported to the Quality Committee. Hand Hygiene audit results are posted on the Quality Improvement Board, and it was noted that they have achieved above their 80% compliance objective. Audits are completed by the IPAC Lead using a paper-based system which can be labour intensive. The Views is encouraged to explore software that is available to streamline the data collection process, thus allowing for more audits to be completed and more robust reporting related to compliance.

Personal laundry services are completed onsite. Other linen products are transported to Cumberland to be cleaned and returned. Dirty laundry travels to the laundry room via dedicated containers that are transported to the laundry area using a towing vehicle, due to a ramp system. Soiled and clean areas are identified, and staff make use of appropriate personal protective equipment (PPE) when handling soiled linen.

Housekeeping staff can articulate their role expectations and their responsibility in The Views' resident safety program. It is obvious that they take pride in their work. Staff are aware of which chemicals to use. Cleaning checklists are completed as per policy and cleaning practices for "high-touch" areas are in place. Residents report that they feel they live in a very clean place.

All staff are educated on PPE donning and doffing. Audits are completed to ensure staff are aware of best practices when the home is experiencing an outbreak or large-scale infection. The Views is encouraged to complete PPE donning and doffing audits at regular intervals to ensure that staff remain competent in this process. PPE supplies are on hand and visible in their designated home areas. Signage is available for residents who are on precautions.

The Views make use of Island Health IPAC policies and IPAC information is provided in the residents' admission handbook.

Residents are physically distanced during meals and for programs wherever possible. The home reported that they had conducted a Plan-Do-Study-Act (PDSA) cycle with a goal to improve resident compliance with hand hygiene practices prior to meals, but that it had not changed practice. It is recommended to possibly have a resident who is able to assist with this task when other residents enter the dining room, as an opportunity for them to give back and free up staff to take on other tasks.

Dietary cleaning practices and temperature monitoring is completed by staff as per checklist. Food handling practices are in place and dietary inspections completed by Public Health indicate that they are following regulations and practice standards.

COVID-19 screening takes place prior to anyone entering the home and staff are aware of their responsibilities, should they feel unwell.

An immunization policy is in place and this supports both the influenza and COVID-19 vaccinations for residents and staff.

To support best practice, it is recommended that The Views focus on two areas. The first being covering clean linen products that are housed in the home areas. At the present time, they are left exposed. The second is the use of aprons for care staff to cover their uniforms when in the dining room. These will provide a clean barrier between the resident and staff, supporting a safe dining experience.

Standards Set: Long-Term Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
1.3 Service-specific goals and objectives are developed, with input from residents and families.	
2.3 An appropriate mix of skill level and experience within the team is determined, with input from residents and families.	
2.6 The effectiveness of resources, space, and staffing is evaluated with input from residents and families, the team, and stakeholders.	
5.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from residents and families where appropriate.	
Priority Process: Competency	
3.15 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
13.3 Policies and procedures to securely collect, document, access, and use resident information are followed.	!
13.8 There is a process to monitor and evaluate record-keeping practices, designed with input from residents and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes	
15.5 Guidelines and protocols are regularly reviewed, with input from residents and families.	!
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The Views encourages resident independence and choice, and staff embrace a resident-and-family centred care model. The home collects information on residents to ensure that they can address their complexities of care. Efforts are made to provide education to maximize the skill set of front-line staff,

including the new training initiative called Health Career Access Program (HCAP) for Health Care Aides.

Staff are supported in opportunities to further their knowledge and skills.

The resident population served continues to provide challenges to the leadership team, thus challenging them to find innovative solutions to achieve success in resident care. Members of the interprofessional team work collaboratively to set appropriate care and task interventions. Staff members report that there is an open-door policy, and they are able to provide feedback on issues as they arise.

A policy is in place for the administration/monitoring of pneumococcal vaccinations.

Goals and objectives that are specific to the Nursing Department have not been clearly identified and the home is encouraged to complete these as they provide strategic direction, especially as they move to their new model of social relational care.

Wanderguard is in place to support safe resident wandering activities and all door access points require a number-coded entry. The home also has a secure area for residents who are experiencing responsive behaviours or as the home calls it, 'Resident's Expression of Needs'.

The Views reports that only 70% of performance reviews have been completed as per policy and it was validated with staff during tracer that this was correct.

The effectiveness of resources and staff is evaluated by the leadership team but as of yet, residents and families have not had input. It was validated that input from residents and families, as it relates to skill mix, has not been sought but that this would be completed as part of the new model of care project.

Work and job design, roles, responsibilities, and assignments are set by the Nursing leadership team and at the time of survey, residents and families had not had input. Plans are in place as they continue to develop their new model of care to address this.

Priority Process: Competency

The home had implemented the STAR program which recognizes staff who have gone above and beyond. Nominations are made by residents, families, and co-workers and then the selected individual is highlighted in The Views' newsletter as well as honorable mentions.

The home is very fortunate to have access to Allied Health staff (e.g., Occupational Therapists, Physiotherapists, and restorative staff) along with social workers and a spiritual counsellor. The competencies that these individuals bring enhances the quality of service provided to both residents and families.

Gentle Persuasive Approach training has been a focus and with additional funds secured, the home has trained 2 additional staff. They have a plan to complete active staff re-training to support best practice. With the implementation of the Human Resources Information system, The Views will have a more robust and streamlined way to address educational needs of all staff. At the current time they make use of many systems to collect data, which is labour intensive and complex.

Team member performance has not been regularly evaluated as per policy. The current form requires revision as during discussions, it was indicated that performance reviews are completed at the conclusion of probation and bi-annually after that, but the current form indicates they are completed at the conclusion of probation and annually.

Priority Process: Episode of Care

Located in Comox on Vancouver Island, The Views is currently providing long-term care, respite, and end-of-life care on 14 acres of spectacular ocean-front property. The long-term goal for this property is to develop a community of care where seniors can age in place on a single site, and construction has started. Their current model of care "Home for Us" – creating a community of joy, purpose, meaning and belonging for all – is being adjusted to support the social relational model that they plan to use at the new site. Their vision for the new site is to support the seniors population in the Comox Valley as it grows by meeting new needs for quality care and services, particularly for dementia residents. As such, Providence Living and The Views at St. Joseph's share a joint commitment with Island Health and the B.C. Ministry of Health to strengthen seniors' care in the Comox Valley.

An admission package is provided to the resident and family at time of move-in to familiarize them with how things will work. The home uses a comprehensive move-in checklist to ensure that all required items are addressed. As this can be overwhelming for the resident and family, they encourage families to come in prior to the admission to collect data and also complete a check-in within the first few weeks to ensure they have the information they need and to answer any questions that might have arisen.

Care plans are completed with input from residents and their families. Initial and annual interdisciplinary care conferences are held with interprofessional involvement, as well as the resident (if appropriate) and family members.

Pain management tools are in place with documented evidence to support their use.

Palliative/End of Life (EOL) care is a focus for the home and allows for the resident and family to have time together at the end of life. EOL care order sets are used to promote best practice and competent resident care, and one of the home's attending physicians as well as their Clinical Nurse Lead specialize in palliation, which is of great benefit to the home staff, residents, and families experiencing this.

Family members meeting is held monthly and indicates that they are very informed and involved about practices.

Medical Orders for Scope of Treatment (MOST) directives are in place for each resident to guide level of intervention/support during times of medical episodes.

Suicide risk assessments are completed as appropriate.

Residents and families have access to psychosocial and/or supportive care services provided by the Social Services Worker as well as a Spiritual Counsellor.

The Views continues to support a least-restraint model of care. When a restraint is required, consent is sought, a physician's order is obtained, and then monitoring practices are put in place. Consents are reviewed annually with a goal to be removed from use where appropriate.

Falls management and pressure ulcer management reporting flow through the Quality Improvement Committee meeting. As these are areas of risk to the home and may not get the attention they require when included in the larger meeting, it is recommended that these become sub-committees with review and analysis completed at that sub-committee level with follow-up reporting to the Quality Improvement Committee. Review of the minutes indicate that only statistics are shared, and no corrective measures are identified to impact positive change. The home reports they are exploring a new software application called Skinopathy to support and enhance their wound care program.

Dining rooms were quiet during meal service and residents report that for the most part, they enjoy the

food at the home. Review of meal service at the time of survey indicated that the home is meeting physical distancing requirements. Staff were not wearing aprons during meal service and seated while assisting with feeding; addressing the residents in conversation during the meal. To support IPAC practices, the organization is encouraged to implement apron wearing during meal service. As well, resident meals were being served on plastic dishware which does not support a pleasurable dining experience. As they continue to plan for the new site, The Views is encouraged to explore other options for dishware that support a more home-like dining atmosphere.

Prior to COVID-19, The Views had an Acute Care/Long Term Care working group that assessed emergency room transfers with a goal to review and reduce this occurrence as much as possible. They are now looking to restart this working group again.

Nursing Practice meeting minutes were reviewed during the Episode of Care, and the home is encouraged to standardize the format they use that indicates the date and time of the meeting, items to be discussed, action plans, responsibility, and completion date. This meeting minute format can also be applied to all other areas in the home as there is a variety of tools used that do not support standardization.

Priority Process: Decision Support

PointClickCare, electronic charting, and completion of the Assessment Instrument Minimum Data Set (RAI-MDS) support the standardized processes to document the care needs of the residents. Staff utilizing MDS adhere to the requirements for annual competencies and work towards accurate coding.

Policies for securing resident information are on hand but during the survey, terminals were left open on medication carts allowing resident personal health information to be visible. As well, hardcopy charts are not stored securely in one home area, thus presenting the opportunity for this information to be at risk. They are encouraged to audit the screen lock-out feature for terminals when in use by registered staff and to explore ways that the hardcopy charts can be stored securely.

Recordkeeping practices have been set by the organization and as such, residents and families have not had input in this area.

The home recently reported that they had conducted a shift report survey to gather data about this process with a goal to improve communications between shifts. Once the results were analyzed, changes were made to address issues identified.

Huddles are held on each home area by the leadership team to allow staff the opportunity to be informed of what is going on and invite two-way conversations between staff and leadership.

Priority Process: Impact on Outcomes

Staff are resident focused, thus working towards providing excellent quality care while ensuring a safe environment. There are a number of quality indicators that are being tracked. Quarterly reports are provided to the site by Island Health's Long-term Care Facility Performance Indicators Report as well as the Long-term Care Continuing Care Reporting System Quality Indicators Heat Map report to identify indicator performance against other long-term care facilities, and to determine whether they are above, at, or below the provincial average.

Family Representative actively participates in the organizations Quality Improvement Committee.




Residents have been invited to join but have declined up to this point.

Nursing staff are very satisfied with their electronic charting system and make use of the clinical dashboard to share resident specific information in a secure way.

Research opportunities are in place related to the new building. These are under the auspices of the RISE program at University of British Columbia. The home is very excited to be participating in research related to the Dementia Village concept and Built Environmental Evaluation.

Guidelines and protocols have not been regularly reviewed by residents and families, and the organization is encouraged to explore avenues where they can achieve that.

Standards Set: Medication Management for Community-Based Organizations (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	
1.5 The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization. 1.5.6 The organization audits compliance with the 'Do Not Use' List and implements process changes based on identified issues.	 MINOR
7.1 There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	
8.3 A team member contacts the prescriber if there are concerns about or changes required to a medication order and documents the results of the discussion in the client record.	

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

At The Views, medication management is a shared responsibility with the pharmacist, physician, and registered staff. The medication management system is well organized and geared towards resident safety. Policies and procedures are provided by CareRX pharmacy services. Medications are administered by registered staff. The medication storage rooms are secure and well organized. Medications are stored in the medication cart, which has each resident's medication holder labelled/picture. Narcotics are double-locked. At the present time, the home does have residents receiving cytotoxic medications and safeguards are in place as per policy. High dose heparin and concentrated electrolytes audits are completed by the pharmacist to ensure they are not used in the home.

Registered staff have access to drug information from the pharmacist as well as the online system. There is a 24-hour availability of pharmacy services.

Medication reconciliation on admission or upon return to The Views is completed by the nurse and validated by the pharmacist, and hardcopies are stored in the resident chart.

The Do Not Use Abbreviation is an unmet Required Organizational Practice (ROP). This is related to auditing for compliance not being completed. An audit form is in place, but the home has not completed these audits to ensure compliance. The organization will add this audit to their system to ensure it is completed quarterly along with corrective measures to address deficiencies.

The pharmacy provides the team with medication usage reviews which are discussed at the Medication

Safety Assessment Committee (MSAC). There is a good process for reporting adverse drug and medication errors using the incident reporting system and disclosure of adverse events policy. Medication incidents are reviewed by the pharmacist and the Nursing Leadership team.

Staff are aware of the View's policy for resident identification and rely on the picture provided as part of the electronic Medication Administration Record (eMar) which has recently been updated, with identification bracelets worn by each resident. Direct observation of medication administration was completed during the survey. Hand Hygiene was completed when the surveyor was directly observing the medication pass. Medications were delivered in a person-centred care way, with the exception of insulin being administered in the dining room. This is advised to be completed in the privacy of the resident's room. It was noted that eMar screens on the medication cart were not consistently locked out when the medication cart was left unattended and this was addressed with the individual at the time of observation.

Education and training are provided to The Views' registered staff by the consultant pharmacist.

Medication education posters were evident in the medication rooms.

There is a comprehensive orientation completed for new hires that includes both online and "buddy" system approaches to promote safe administration of medications.

Quality improvement initiatives include supporting a reduction in polypharmacy, decreasing use of fentanyl as well as antipsychotics without a supporting diagnosis. Statistical data review indicated that they had been successful in decreasing their numbers as planned.

While the evaluation of the medication management system is completed, it could be strengthened. The Views is encouraged to explore other ways to complete this; one suggestion is to use the Medication Management Safety Assessment (MSSA) as a validated tool.

During the chart audit process, physician orders either written by an attending physician or registered staff were observed to have no route of administration noted. No evidence was found to support that this has been addressed. The MSAC will take this back for review and re-educate accordingly.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: February 11, 2022 to March 25, 2022**
- **Number of responses: 8**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	13	13	75	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	13	13	75	94
3. Subcommittees need better defined roles and responsibilities.	88	13	0	69
4. As a governing body, we do not become directly involved in management issues.	13	25	63	85
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	94

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	93
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	88	0	13	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	0	100	82
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	13	88	96
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	13	50	38	76
17. Contributions of individual members are reviewed regularly.	25	50	25	63
18. As a team, we regularly review how we function together and how our governance processes could be improved.	13	50	38	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	29	43	29	57

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	25	25	50	79
21. As individual members, we need better feedback about our contribution to the governing body.	13	38	50	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	38	63	76
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	50	13	38	74
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	13	13	75	87
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	90
27. We lack explicit criteria to recruit and select new members.	100	0	0	79
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	89
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	94
31. We review our own structure, including size and subcommittee structure.	0	0	100	90
32. We have a process to elect or appoint our chair.	13	0	88	93

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	13	38	50	82
34. Quality of care	13	25	63	83

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2022 and agreed with the instrument items.

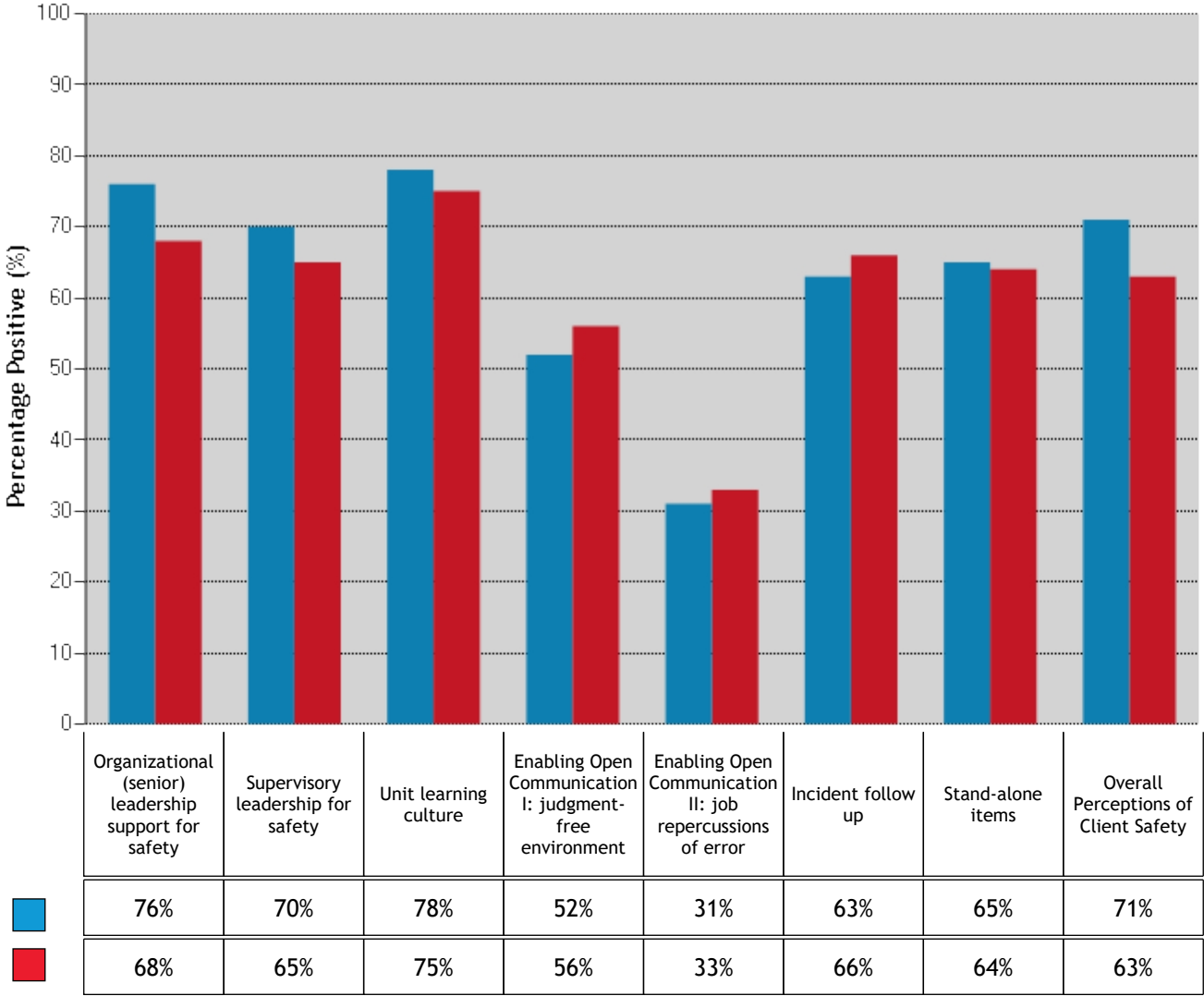
Canadian Patient Safety Culture Survey Tool

Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife. Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: May 5, 2021 to May 28, 2021**
- **Minimum responses rate (based on the number of eligible employees): 76**
- **Number of responses: 88**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension



Legend
■ Providence Living
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2022 and agreed with the instrument items.

Worklife Pulse

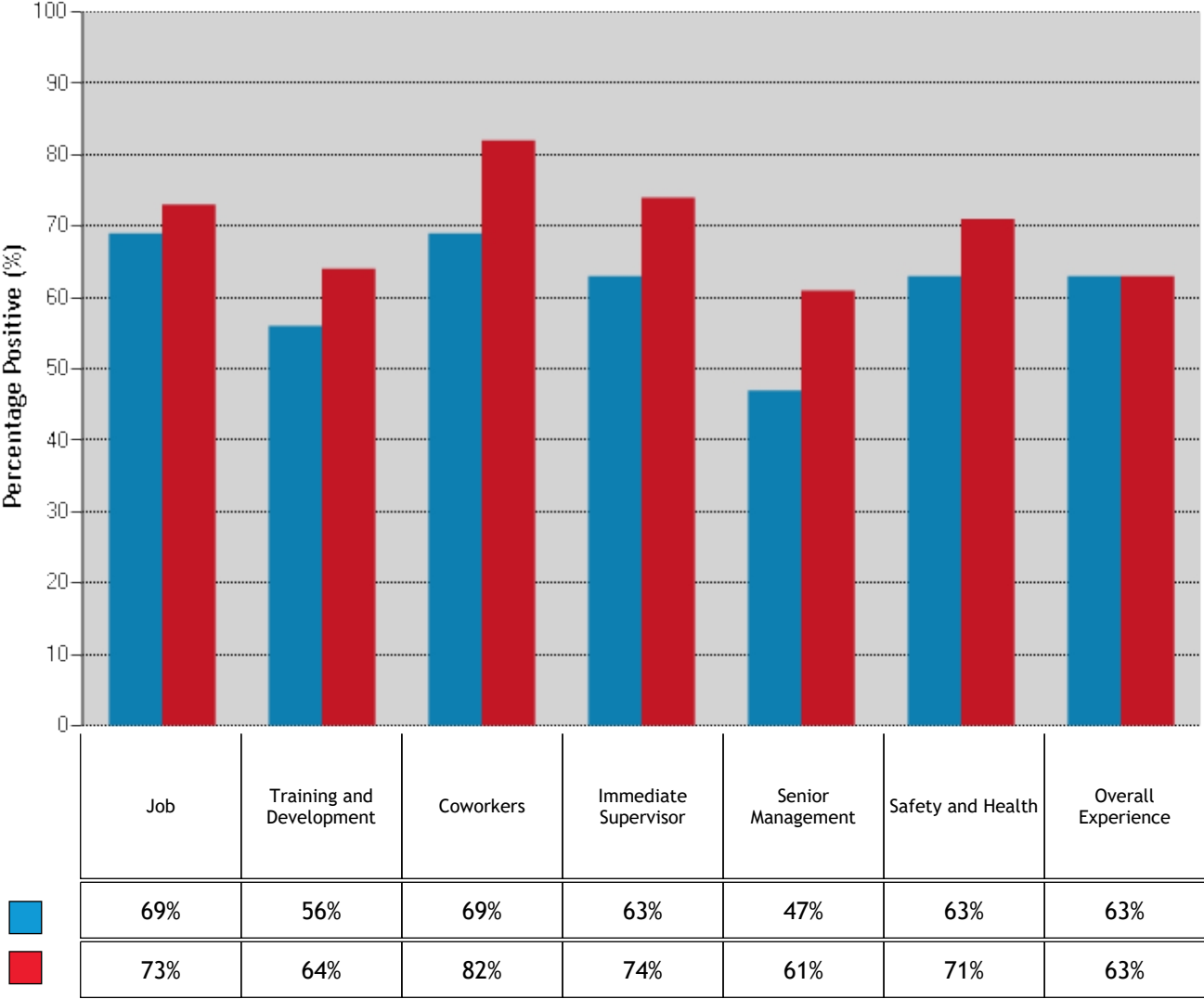
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: April 27, 2021 to September 24, 2021**
- **Minimum responses rate (based on the number of eligible employees): 83**
- **Number of responses: 97**

Worklife Pulse: Results of Work Environment



Legend
■ Providence Living
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2022 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	N/A

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

Providence Living's (PL) The Views leadership team, staff, volunteers, residents and families, would like to thank Accreditation Canada and its surveyors, Susan Veenstra and Arlene Gallant, for a very positive accreditation experience. PL is a fast-growing organization, who is undergoing a new build - Together by the Sea - with an expected completion date of 2024, while also acquiring new care homes (Cooper Place and Central City, an AL and LTC home, respectively, in Vancouver). Once the new build is complete, our existing building will be demolished. Furthermore, we are undertaking a transformational change for how we care for seniors in which we are shifting from an institutional approach to a social relational model of care.

We are extremely pleased with our accreditation survey results and are appreciative of the surveyors' feedback for opportunities for improvement, allowing us to build upon successes. The survey results also helped us identify gaps; for example, while we do conduct audits, we currently collect audit results on paper and we will explore various platforms that will allow us to electronically capture this important data, enabling us to identify quality improvement opportunities more readily. In addition, many of our policies and procedures are on the old St. Joseph's template, and we are in the process of reviewing all existing policies, procedures, and guidelines. At the time of review, we will transfer them to our newly adopted PL templates. We are also in the process of drafting a policy framework. This framework will ensure that a clear and consistent governance and management approach is adopted in the development and review of all PL standards (policies, procedures and guidelines), that they comply with relevant legislative and regulatory requirements, and that provide a comprehensive strategy to support quality, planning, and governance. In addition, we are establishing a timeline for reviewing and revising all existing PL Standards and will complete a gap analysis to identify missing standards.

While we currently have robust engagement with community partners, residents, and families, we will continue to explore new ways of collaborating with our residents and families. Soon, we will be conducting a pilot on our new social relational model of care, based upon the Hogeweyk Care Concept, to inform the new build. The Centre for Health Evaluations and Outcome Science, a key partner in our journey, is using an applied research and mixed-method, multidisciplinary evaluation approach to engage residents, families, staff and other stakeholders. We look forward to sharing our results with Accreditation Canada Surveyors at their next visit.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Priority Process	Description
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge